

Russian report: perspectives on strikes by health care staff

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Back in Moscow after the abortive coup last August, Mikhail Gorbachev declared that he had returned to a different country. Just how different it was at the level of high politics became apparent to all as constituent republics of the Soviet Union declared their independence and the former coordinating power, the communist party, was first suspended and later declared illegal. With those and other massive discontinuities, the twentieth century's last imperial state formation had virtually ceased to exist.

However, no stroke of the pen could make an immediate impact on the economic chaos and the many deep rooted social ills that confronted post-communist Russia. Indeed, certain policies which Yeltsin's government proceeded to adopt in order to bring into existence a free market economy have had the consequence of exacerbating social tensions. That contention holds true in respect of the salaries paid to staff employed in publicly provided social services.

Background

Under the former command economy, most employees in the so called non-productive sectors, where women predominated, received salaries that were less than the average industrial wage. This differentiation became even greater from the start of this year, when inflation spiralled up after the government largely ceased to fix prices by administrative fiat—a system that had contributed massively to the country's disastrous economic condition.

Not many years before, it hardly needs saying, workers' attempts to gain pay increases by strike action would have been suppressed by any means that the masters of the Soviet state chose to employ. But in the rapidly changing circumstances of the Gorbachev era miners became the first organised group to demonstrate that it was possible to behave like their counterparts in the West and back up wage demands by exploiting their monopoly position as producers. Miners flexed their industrial muscle again during last winter, and towards the end of January 1992 the government had little option but to buy off a threatened stoppage; reserves of coal at the plants that supply heating and power were almost exhausted. Workers in the oil extracting industry, airlines, and railways, similarly well placed to cause severe disruption to the economy, were also successful in their pursuit of substantial pay rises at about this time.

Even before the liberalisation of prices, medical personnel had contemplated withdrawal of their labour. But it was not until January and February of 1992 that they started to take protest action. Apparently this occurred predominantly in regions where extractive industries are located and hence where the effects of the increases secured by miners and oil workers were most evident. Concessions to industrial workers were easier to make as they could be funded in a variety of ways, while increases in the salaries of the caring professions could be met only from the severely constrained budgets of public authorities.¹

At the start of May, according to data published by *Meditsinskaya Gazeta*, average remuneration in the health service had fallen to as little as half—49%—of the average in industry. (The absolute figures were

1268 and 2567 roubles a month.) In Ryazan region, where health care workers were worst paid, the proportion was 43%. That evidence could have served only to further confirm the conviction of medics that society placed a low valuation on their caring activities.

But more directly relevant to the quotidian struggle to make ends meet was the fact that health service salaries would buy less and less in the shops. Between March 1991 and March 1992 the cost of living increased by a factor of 13, foodstuffs by 16, and meat and milk products by 29. But since salaries for public service medical personnel rose by a factor of only 3.5, their purchasing power had declined.

By mid-April medics in various parts of Russia had run out of patience and irrespective of the Hippocratic tradition were embarking on strike action of one form or another. In many regions, it seems, staff had a dual objective: not only improved rates of pay for themselves but also higher levels of public spending on the material base of health care, which had been grossly underfunded over many decades.

Attitudes to the strike

It was predictable that increasingly widespread regional action should escalate to the point where a coordinated strike became imminent throughout the length and breadth of Russia. To many doctors, almost certainly, this step represented the last resort to which they had been driven because the Yeltsin administration, though ostensibly a government of the people, was failing to respond to felt needs and give a shot in the arm to the health service and its providers.

A government apologist might have riposted, cogently enough, that the will was there but the means were lacking. For pressure groups, however, the route to success is likely to entail modifying attitudes by means of civilised propaganda and even polemic; the editorial board of *Meditsinskaya Gazeta* certainly did not mince words when they declared to their readership:

"The government . . . must wake up and correct its error and . . . perhaps, apologise to doctors for the many years of disregard and humiliation. The undervaluing of a doctor's work is a continuation of the stalinist strategy of undervaluing human life—the greatest gift of Nature and of God."

But if the gazette was preaching to the converted, it should be asked whether comparable views commanded much support outside the health service. In this connection reference can be made first to the collective opinion of workers in other sectors who were represented by the Federation of Independent Trade Unions of Russia. On 21 April this organisation backed the country wide strike, which had entered its first phase on the previous day, on the grounds that it had been provoked by "the unjustified reduction of budget allocations, the exceptional difficulties in the supply of medicines, and the low level of remuneration in the sector."²

It is also possible to discover that much support existed among ordinary people, notwithstanding the inconvenience and potential threat to life that the strike action might entail for them. According to an opinion poll undertaken for the newspaper *Moskovskie Novosti*

Question: Do you support the Russian health care staff who have announced their intention to go on strike?

	No (%) of respondents
Yes	547 (53)
No	258 (25)
Undecided	124 (12)
I know nothing about it	103 (10)

on 2-3 May in 12 Russian cities, just over half of the respondents backed the medics (table).³

Working in squalor

At this point it is relevant to underscore the linkage between demands for higher remuneration and concern to improve the often squalid conditions of health care delivery. According to a feature in *Moskovskie Novosti*, when representatives of Moscow's ambulance and emergency service (*skoraya pomoshch*) met on 24 April to discuss strike action one delegate declared that the rule book which governed the performance of their jobs provided justification for refusing to answer a call. Only a fifth of the vehicles were in good repair, half the medicines required were lacking and the equipment was appalling. In addition to better pay the delegates demanded an allocation of hard currency for the purchase of 50 resuscitation vehicles; planned repairs to the current ambulance fleet; the provision of three meals a day for staff; and the issue of appropriate clothing and footwear.

The same article paints a distressing picture of conditions at Moscow's Sklifosovsky institute of emergency aid. That the staff there did not intend to strike seems partly due to the threat of legal action against participants. Professional dedication had, however, survived in a remarkable way, despite the inadequate salaries and almost intolerable conditions of practice. Evidence on that score came from a specialist in reanimation who took the reporter to a theatre where three unconscious and naked women were connected to the artificial kidney machine amid "dirt, blood, and urine." The doctor said: "We need common salt in order to prepare the dialytic solution which is required for the machine. We came to the end of our salt at the institute four days ago and there is nowhere it can be bought. Before our shift starts we chase around the shops and hunt for it ourselves, willing to buy it out of our own pockets."

It may be thought that such strength of commitment makes all the sadder those circumstances which, without question, prevent staff from saving lives. Referring to a replaceable filter for the artificial kidney, the specialist explained that it can no longer be obtained since neighbouring Ukraine, the former supplier, now insists on barter arrangements. He then spells out the chilling consequence: "So approximately 5 per cent of our patients who require dialysis receive it (in Japan the figure is 97 per cent). And the remainder go without. In what sense? They die."⁴

Maintaining the pressure

As events unfolded, Moscow's city government made a separate deal with the ambulance and emergency crews in early May. Elsewhere in the vast territory that is Russia, two regional administrations had managed to reach agreements with their medics—though the return to normal took place on a provisional basis only.

Generally, however, the position was deteriorating. The decision of central government to raise remuneration by a factor of 1.8 failed to placate striking staff in any region. Indeed, it seems to have incited medical staff in Kamchatka, Saratov, and Kostroma regions to swing into line behind the protest movement.

By 5 May strikers in the capital who had first refused to undertake official documentation and similar duties were implementing the second phase of their strategy: refusal to hold consultations in polyclinics and to accept planned admissions to hospital.⁵ The third phase, initially due to start on 10 May, envisaged nothing less than discontinuation of all forms of medical assistance. Personnel throughout the country would have participated.

An uneasy truce

To state the obvious, a stark choice confronted central government; either it came up with acceptable concessions or it would have to accept the political odium caused by chaos, if not a complete breakdown, in health care delivery. In a move calculated to defuse the time bomb, it set up a working party under the chairmanship of Yegor Gaidar, one of the deputy prime ministers and the intellectual driving force behind current economic reforms. In the knowledge that the working party's recommendations were being considered by President Yeltsin, medics decided to postpone the start of phase three on 12 May and instead held mass meetings in Moscow and St Petersburg.⁶

On 13 May Boris Yeltsin signed the presidential order "Concerning additional measures to stimulate the work of healthcare personnel." Its contents were deemed sufficiently satisfactory to justify calling off further action—albeit only provisionally. A key feature was seen to be a departure from the bad old days of "wage levelling"; instead of bonuses and additional payments being fixed in absolute figures, they will now be as a percentage of an individual's pay. The notion that there will be a closer relation between commitment and remuneration makes sense of the statement in *Izvestiya* that the entire package "will give the most hardworking section of doctors approximately two and a half to three thousand roubles [a month]."⁷

Further increases can be predicted as the outcome of a radical examination of public sector pay which the government has promised to undertake in July. In the meantime, the underlying crisis conditions in health care will be the subject of special hearings by the legislature, and the next action of the Medical Workers' Union will be to formulate and submit advice on the measures that they consider essential. They have also declared their intention to renew strike action if it seems to be called for. For this formerly docile employee group, confrontation is thus now firmly established as a means of influencing the decision making process which bears on their pay and conditions of work—and ultimately on matters of life and death in Russia.



Squalor and primitive conditions prevent medical staff from saving lives

ULRIKE PREUSS

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(Accepted 23 June 1992)